

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004245

FILED
Jan 19, 2009
Secretary of State

Entity Name: FORT PIERCE SOUTH BEACH PROPERTY OWNERS AND BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

1707 RIO VISTA DRIVE
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

1707 RIO VISTA DRIVE
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 65-1021431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSHIER, CAROLE L
1707 RIO VISTA DRIVE
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUSHIER, CAROLE L
Address: 1707 RIO VISTA DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: VSD () Delete
Name: FRUTH, WALTER
Address: 1906 RIO VISTA DR
City-St-Zip: FORT PIERCE, FL 34949

Title: TD () Delete
Name: DESBOROUGH, PAUL
Address: 2400 S OCEAN DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: MCCLURE, KATHERINE
Address: 1177 BAYSHORE DR 205
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: EMORY, EILEEN M
Address: 91 S POINT DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: MONT, MICHAEL
Address: 1320 BAYSHORE DR
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: FAUTH, WALTER
Address: 1906 RIO VISTA DR
City-St-Zip: FORT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PECK, ARDEN
Address: 1707 RIO VISTA DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: D (X) Change () Addition
Name: MONTI, MICHAEL
Address: 1320 BAYSHORE DR
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE L. MUSHIER

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date